

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
OCT 23 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0430  
Date: 11-2-15  
Amount Paid: \$975  
Refund: 11-8-15

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Mary Kay Kosyla  
Address of Property: 26130 State Rt Rd  
City/State/Zip: Washburn WI 54891  
Telephone: 847-791-4189  
Cell Phone: 847-791-4189  
Contractor: SELF  
Authorized Agent: (Person Submitting Application on behalf of Owner(s))  
Agent Phone: 847-791-4189  
Agent Mailing Address (include City/State/Zip): Above  
Plumber:   
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: SW 1/4, SW 1/4  
Legal Description: (Use Tax Statement)  
PIN: (23 digits) 04-006-2-50-05-17-303  
Recorded Document (i.e. Property Ownership) Volume 1043 Page(s) 4

Section 517, Township Iron N, Range 5 W  
Town of: Bayfield  
Lot Size: 10  
Acres: 10

☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?   
If yes---continue -->  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage   
If yes---continue -->  
Distance Structure is from Shoreline:   
feet  
Distance Structure is from Shoreline:   
feet  
Is Property in Floodplain Zone? ☐ Yes ☒ No  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion \* include donated time & material \$1,500.00

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System is on the property?

|   |   |  |                                |  |                     |                                |
|---|---|--|--------------------------------|--|---------------------|--------------------------------|
| <input type="checkbox"/> New Construction               | <input checked="" type="checkbox"/> 1-Story     | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> 1     | <input type="checkbox"/> Municipal/City                          | Specify Type: _____ | <input type="checkbox"/> City  |
| <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft         | <input type="checkbox"/> Year Round          | <input type="checkbox"/> 2     | <input type="checkbox"/> (New) Sanitary                          | Specify Type: _____ | <input type="checkbox"/> Well  |
| <input type="checkbox"/> Conversion                     | <input type="checkbox"/> 2-Story                | <input type="checkbox"/> _____               | <input type="checkbox"/> 3     | <input type="checkbox"/> Sanitary (Exists)                       | Specify Type: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Relocate (existing bldg)       | <input type="checkbox"/> Basement               | <input type="checkbox"/> _____               | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) | _____               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Run a Business on Property     | <input checked="" type="checkbox"/> No Basement | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> _____ | <input type="checkbox"/> Portable (w/service contract)           | _____               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____                          | <input type="checkbox"/> Foundation             | <input checked="" type="checkbox"/> None     | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet                          | _____               | <input type="checkbox"/> _____ |

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 16 Height: 20  
Proposed Construction: Length: 20 Width: 16 Height: 20

Proposed Use ☒ Principal Structure (first structure on property) ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure Dimensions Square Footage

|   |  |     |     |     |
|---|--|-----|-----|-----|
| <input checked="" type="checkbox"/> Principal Structure (first structure on property) | STORAGE ONLY   | ( ) | ( ) | ( ) |
| <input checked="" type="checkbox"/> Residential Use                                   | with Loft  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Residential Use  | with a Porch   | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Residential Use  | with (2nd) Porch   | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Residential Use  | with a Deck  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Residential Use  | with (2nd) Deck  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Commercial Use   | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Municipal Use  | Mobile Home (manufactured date)  | ( ) | ( ) | ( ) |
| <input checked="" type="checkbox"/> Addition/Alteration (specify)                     | 20x16  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Accessory Building (specify)                                 |  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify)             |  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Special Use: (explain)                                       |  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Conditional Use: (explain)                                   |  | ( ) | ( ) | ( ) |
| <input type="checkbox"/> Other: (explain)   |  | ( ) | ( ) | ( ) |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mary Kay Kosyla  
(If there are Multiple Owners listed on the Deed All Owners must sign or (letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 10/23/15

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

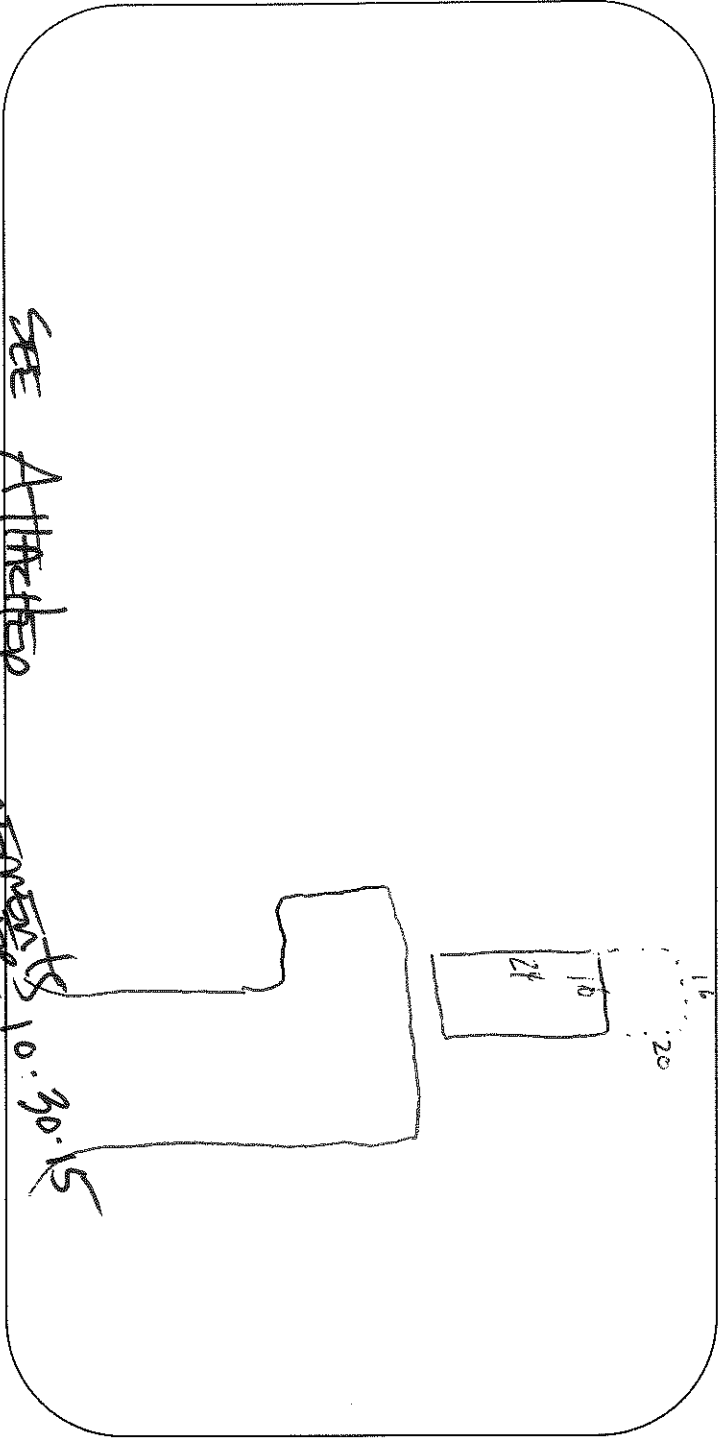
Address to send permit 601 Prairieview, Hampshire IL 60140

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 10.45 Feet  | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 120 Feet    | Setback from Wetland                             | 35' per foot   |
| Setback from the West Lot Line              | 120 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 120 Feet    | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | Feet        |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Marked by a licensed surveyor at the owner's expense.

REQUIREMENTS: SEE OF MARK PROPOSED LOCATION OF NEW CONSTRUCTION. SEPTIC TANK (ST), DRAIN FIELD (DF), HOLDING TANK (HT), PRIVY (P), and WELL (W).  
PERMIT TO CONSTRUCT: ALL APPLICANTS MUST OBTAIN A PERMIT TO CONSTRUCT FROM THE PLANNING & ZONING DEPARTMENT. THE PERMIT TO CONSTRUCT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE. IF CONSTRUCTION OR USE HAS NOT BEGUN, THE PERMIT TO CONSTRUCT WILL EXPIRE. ALL MUNICIPALITIES ARE REQUIRED TO ENFORCE THE UNIFORM DWELLING CODE.  
The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |  |   |                    |   |
|--|---|--|---|--------------------|---|
| Issuance Information (County Use Only)   |   | Sanitary Number:                         | # of bedrooms:  | Sanitary Date:     |   |
| Permit Denied (Date):  |   | Reason for Denial:                       |   |                    |   |
| Permit #: 15-0433  |   | Permit Date: 11-2-15                     |   |                    |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No                     | Mitigation Required                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           | Previously Granted by Variance (B.O.A.)  | Case #:   |                    |   |
| Granted by Variance (B.O.A.)   | Case #:   | Were Property Lines Represented by Owner | Was Property Surveyed   |                    |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Zoning District                          |   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Lakes Classification                     |   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record:   | Inspected by: J. McNamee  |  |   |                    |   |
| Date of Inspection: 10-29-15   |   |  |   |                    |   |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) |   |  |   |                    |   |
| Previous STAN BE LOCATED NO LESS THAN 25' TO MAPPED WETLANDS. NO WETLAND DISTURBANCE ALLOWED ON PROPERTY W/O DNR APPROVAL. BUILDING STAN NOT BE USED |   |  |   |                    |   |
| Signature of Inspector: [Signature]  |   |  |   |                    |   |
| Date of Approval: 10-30-15   |   |  |   |                    |   |
| Hold For Sanitary: <input type="checkbox"/> Hold For Affirm: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>                        |   |  |   |                    |   |

FOR SETBACK PURPOSES. WHEN APPROVED SANITATION REQUIREMENTS FOR RU IF PLACED 21 DAYS W/IN GRANTOR'S YEAR

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY ZONING DEPT  
Date Stamp (Required)  
NOV 03 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0440  
Date: 11-6-15  
Amount Paid: \$75  
Refund: 11-6-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE   |  | <input type="checkbox"/> SANITARY          |  | <input type="checkbox"/> PRIVATE   |  | <input type="checkbox"/> CONDITIONAL USE           |  | <input type="checkbox"/> SPECIAL USE   |  | <input type="checkbox"/> B.O.A.   |  | <input type="checkbox"/> OTHER                           |  |
| Owner's Name:  |  | James & Krishna Paleson   |  | Mailing Address:                           |  | 84975 Co. Hwy 7 Bayfield, WI 54814   |  | City/State/Zip:                                    |  | 715-779-5259   |  | Telephone:  |  | 715-779-5259   |  |
| Address of Property:   |  | 84975 Co. Hwy 7   |  | City/State/Zip:                            |  | Bayfield, WI 54814   |  | Cell Phone:  |  |  |  | Plumber Phone:  |  |  |  |
| Contractor:  |  | N/A   |  | Contractor Phone:                          |  | Plumber:   |  | Agent Mailing Address (include City/State/Zip):    |  |  |  | Written Authorization Attached  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | N/A   |  | Agent Phone:                               |  |  |  | Agent Mailing Address (include City/State/Zip):    |  |  |  | Recorded Document (i.e. Property Ownership) Volume  |  | 1124 Pages(s) 461  |  |
| PROJECT LOCATION   |  | See Attached  |  | PIN: (23 digits) 04-006-2-50-04-02-2-0000  |  |  |  | Recorded Document (i.e. Property Ownership) Volume |  | 1124 Pages(s) 461  |  | Lot Size  |  | Acreage 5.66   |  |
| N/A  |  | 1/4, NW 1/4   |  | Gov't Lot                                  |  | Lot(s)   |  | CSM  |  | Vol & Page   |  | Lot(s) No.  |  | Block(s) No.   |  |
| Section 2, Township SC N, Range 4 W                                  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Shoreland →                                 |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → |  | Distance Structure is from Shoreline: feet |  | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Distance Structure is from Shoreline: feet         |  | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| <input checked="" type="checkbox"/> Non-Shoreland                    |  | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →   |  | Distance Structure is from Shoreline: feet |  | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Distance Structure is from Shoreline: feet         |  | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|   |   |  |                                     |  |   |  |  |
|---|---|--|-------------------------------------|--|---|--|--|
| Value at Time of Completion * include donated time & material | \$ 12,000                                       | Project  | # of Stories and/or basement        | Use  | # of bedrooms                           | What Type of Sewer/Sanitary System is on the property? | Water                                    |
| <input type="checkbox"/> New Construction                     | <input type="checkbox"/> 1-Story                | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1          | <input type="checkbox"/> Municipal/City                          | <input type="checkbox"/> (New) Sanitary | Specify Type: Septic                                   | <input checked="" type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration                  | <input type="checkbox"/> 1-Story + Loft         | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2          | <input type="checkbox"/> Sanitary/Exists                         | Specify Type: Septic                    |  | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion                           | <input type="checkbox"/> 2-Story                | <input type="checkbox"/>                       | <input type="checkbox"/> 3          | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) |   |  |  |
| <input type="checkbox"/> Relocate (existing bldg)             | <input type="checkbox"/> Basement               | <input type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> Portable (w/service contract)           |   |  |  |
| <input type="checkbox"/> Run a Business on Property           | <input checked="" type="checkbox"/> No Basement | <input checked="" type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Compost Toilet                          |   |  |  |
| <input checked="" type="checkbox"/> Garage                    | <input type="checkbox"/>                        | <input type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  |  |

|   |             |            |             |
|---|-------------|------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 24' | Width: 36' | Height: 20' |
| Proposed Construction:  | Length: 24' | Width: 36' | Height: 20' |

|  |                                     |                         |                 |                |
|--|-------------------------------------|-------------------------|-----------------|----------------|
| Proposed Use   | ✓                                   | Proposed Structure      | Dimensions      | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property)   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with Loft   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with a Porch  | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with (2nd) Porch  | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with a Deck   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with (2nd) Deck   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> with Attached Garage  | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> Mobile Home (manufactured date)   | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| <input type="checkbox"/> Addition/Alteration (Specify)   | <input type="checkbox"/>            |                         | ( ) 24 X 36 ( ) | 864            |
| <input checked="" type="checkbox"/> Accessory Building (Specify) garage  | <input checked="" type="checkbox"/> |                         | ( ) X ( )       |                |
| <input type="checkbox"/> Accessory Building Addition/Alteration (Specify)  | <input type="checkbox"/>            |                         | ( ) X ( )       |                |
| Rec'd for Issuance   |                                     |                         |                 |                |
| NOV 06 2015  |                                     |                         |                 |                |
| Secretary Staff  | <input checked="" type="checkbox"/> | Other: (explain) garage | ( ) 24 X 36 ( ) |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or on this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James & Krishna Paleson  
(If there are Multiple Owners listed on the Deed All Owners must sign (letters) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 10-29-15

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 84975, County Hwy 7 Bayfield, WI 54814

If you recently purchased the property send your Recorded Deed

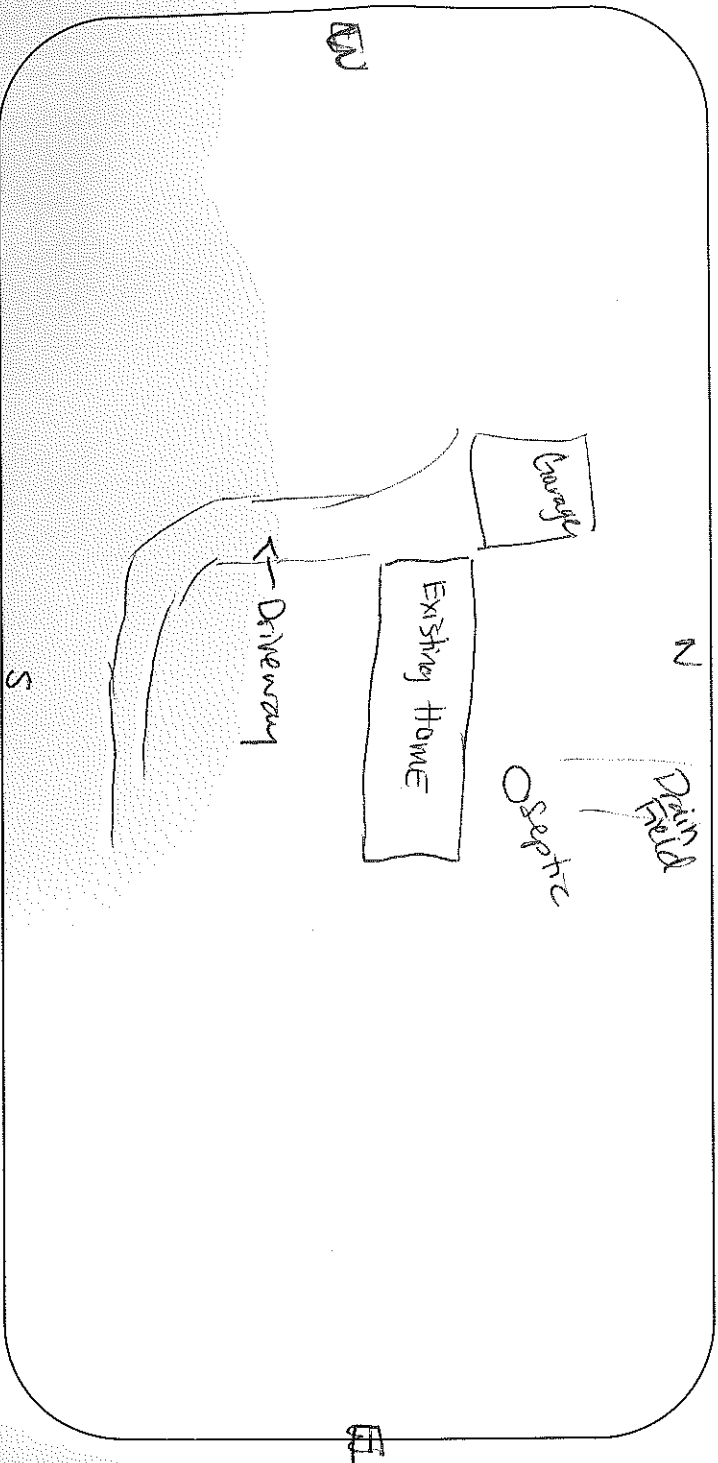
Attach  
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show Location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

per attached changes in plans must be approved by the Planning & Zoning Dept.  
plot plan

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 250 Feet    | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 140 Feet    | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 500 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 150 Feet    | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | 100 Feet    | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | 100 Feet    |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| Issuance Information (County Use Only)   |  | Sanitary Number:  | # of bedrooms:                           |   | Sanitary Date:  |
| Permit Denied (Date):  |  | Reason for Denial:  |  |   |   |
| Permit #: 150440   |  | Permit Date: 11-16-15   |  |   |   |
| Is Parcel a Sub-Standard Lot   |  | <input type="checkbox"/> Yes (Need of Record)                       | <input checked="" type="checkbox"/> No   |   |   |
| Is Parcel in Common Ownership  |  | <input type="checkbox"/> Yes (Fused/Contiguous lots)                | <input checked="" type="checkbox"/> No   |   |   |
| Is Structure Non-Conforming  |  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No   |   |   |
| Granted by Variance (B.O.A.)   |  | Previously Granted by Variance (B.O.A.)                             |  | Case #:   |   |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| Was Parcel Legally Created   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Were Property Lines Represented by Owner |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Was Property Surveyed                    |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record:   |  | Zoning District   |  | Date of Re-Inspection:  |   |
| Date of Inspection: 11-16-15   |  | Inspected by: CRENSHORE PROPERTY                                    |  | Date of Approval: 11-16-15  |   |
| Condition(s) Town, Committee or Board Conditions Attached?   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No - (If No they need to be attached)    |   |   |
| BUILDING STAFF NOT BE USED FOR PLUMBING INSTALLATION OR GUTTERING PURPOSES + STAFF NOT CERTAIN INDOOR PLUMBING FIXTURES BY CONNECTION TO PRESSURIZED WATER SOURCE UNLESS |  |   |  |   |   |
| Signature of Inspector:  |  | Hold For Sanitary: <input type="checkbox"/>                         |  | Hold For Affidavit: <input type="checkbox"/>                        |   |
| Hold For TBA: <input type="checkbox"/>   |  | Hold For Affidavit: <input type="checkbox"/>                        |  | Hold For Fees: <input type="checkbox"/>                             |   |

CONNECTION TO EXISTING OR NEW POUNDS IS APPROVED.